

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.
440260

FILING DATE
11/15/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER SEARCHED		AFTER SEARCHED	
	IND.	OCP.	IND.	OCP.	IND.	OCP.
1	/		/			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	/		/			
12						
13						
14						
15						
16						
17						
18						
19						
20	/		/			
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		4			
TOTAL OCP.	2		2			
TOTAL	24		36			

TOTAL
IND.
OCP.
TOTAL